IPDR6702				NORTH CAROLINA		PAG	E: 1	
RUN DATE:	04/06/2008			RS CHECKWRITE SUMMARY REPORT CHECKWRITE DATE: 04/08/2008				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	7702	2359	IPRS DOES NOT ACCEPT ONE OR MO				
	H/DD/SAS			RE OF THE BILLED MODIFIERS				
				PLEASE CORRECT THE MODIFIER IN				
		11	2219	CLIENT NOT ELIGIBLE ON SERVICE	49	6984	22671	15687
				DATE	-			
		8599	825	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8505	833	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		537	208	PROCEDURE IS NOT COVERED FOR T	0	1433	9775	8342
				HIS DATE OF SERVICE				
		143	109	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404910	PATHWAYS	8800	391	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	48	CLIENT NOT ELIGIBLE ON SERVICE DATE	7	607	7746	7139
				DATE				
		5308	36	PRIOR AUTHORIZED UNITS EXCEEDE				
				В				
3404912	CATAWBA COUNTYM	8622	92	60 RESIDENTIAL LEVEL II TREATM				
	ENTAL HEALT			ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	175	4302	4126
				BENEFIT PACKAGE.				
		8505	21	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
				NI BUDGEI				
3404913	MECKLENBURG COM	8800	1995	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	ENTAL HEALT			FUTURE RA'S.				
		8326	474	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	2808	11520	8712
				THIS CLAIM OR THE NPI SUBMITTE				
		11	100	GLIDNE NOT WIGHNING OF THE PROPERTY.				
	+	11	126	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404916		8505	4083	CLAIM DENIED DUE TO INSUFFICIE				
2404319	CROSSROADS BEHA VIORAL HEAL	2000	4003	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET		 		
		9900	291	FURTHER PROCESSING NECESSARY,				
		8800	731	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	4395	4533	138
				FUTURE RA'S.				
		79	9	THIS SERVICE IS NOT PAYABLE TO				
		13	,	YOUR SUBMITTED BILLING				-
				PROVIDER TYPE AND SPECIALTY IN				
3404917		8505	393	CLAIM DENIED DUE TO INSUFFICIE				
210121/	CENTERPOINT HUM AN SERVICES	3303	333	NT BUDGET				1
		8326	128	ATTENDING PROVIDER NUMBER WAS				
		3320	140	NOT SUBMITTED ON	0	1078	6068	4990
		1	-1	THIS CLAIM OR THE NPI SUBMITTE		ļ		
				THIS CLAIM OR THE NPT SUBMITTE				
		9900	120					
		8800	120	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	momar	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	TOTAL DENIALS	FINALIZED	PAID
3404919	CULL BODD, GO MIN	8800	858	FURTHER PROCESSING NECESSARY,				
	GUILFORD CO MEN TAL HEALTHC			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	221	DETAIL NOT COVERED BY COMBINAT	0	1298	5447	4149
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACKAGE.				
		8536	152	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASWEL L AREA MH D	79	154	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
	D AKDA MI D			PROVIDER TYPE AND SPECIALTY IN				
		3411	60	PROVIDER TYPE AND SPECIALTY 07	0	491	4895	4404
				4/113 CANNOT BILL ENHANCED		1,71	1033	1101
				BENEFIT SERVICES ON OR AFTER D				
		537	53	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404921	ORANGE PERSON C	8505	1651	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HATHAM AREA	1						
		11	310	CLIENT NOT ELIGIBLE ON SERVICE				
	1		310	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2179	4438	2259
		8599	88	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8800	3673	FURTHER PROCESSING NECESSARY,				
	ER			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FOTORE RA S.				
		8518	3468	"CLAIM DENIED. SUBMITTED BEYO	8	7595	44079	36484
				ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
		8599	151	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923	THE COMMENT WIT	8800	112	FURTHER PROCESSING NECESSARY,				
	FIVE COUNTY MH			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	81	DETAIL NOT COVERED BY COMBINAT	0	310	4348	4038
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				District Processes				
		11	50	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	703	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		23	172	SERVICE REQUIRES PRIOR APPROVA	2	1272	7514	6242
				L		12/2	7514	0242
		8599	114	DETAIL NOT COVERED BY COMBINAT				
-				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			-	
		1						
3404926	SOUTHEASTERN RE	8599	325	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL	 		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	200	CLIENT NOT ELIGIBLE ON SERVICE				
		11	300	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	1520	7519	5999
		21	285	DUPLICATE OF CLAIM-SYSTEM				
		1						
3404927	CUMBERLAND CO M	11	144	CLIENT NOT ELIGIBLE ON SERVICE				
	HC			DATE				
	1	1						
		8599	127	DETAIL NOT COVERED BY COMBINAT	0	342	2891	2549
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	1	5404	28	SEVERE DUPLICATE: SAME ATTD PR	_	l	I	
				OV/PCODE/TOS/DOS/MOD				
				OV/PCODE/TOS/DOS/MOD				

			1	T	1		TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	8326	536	ATTENDING PROVIDER NUMBER WAS				
	MNTL HLTHC			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8505	519	CLAIM DENIED DUE TO INSUFFICIE	0	1318	3659	2341
				NT BUDGET		1310	3033	231.
		21	111	DUPLICATE OF CLAIM-SYSTEM				
3404931	WAKE CO HUM SVC	8505	970	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		8800	514	FURTHER PROCESSING NECESSARY,	18	2619	5576	295
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	249	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT	8505	7052	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	615	FURTHER PROCESSING NECESSARY,	0	8029	8350	32
				PLEASE CHECK FOR CLAIM ON	0	6029	0.350	32
				FUTURE RA'S.				
		8599	149	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404934	OVALOW ANDRODES	8505	829	CLAIM DENIED DUE TO INSUFFICIE				
3101331	ONSLOW CARTERET BEHAV HEAL	0303	025	NT BUDGET				
		21	714	DUPLICATE OF CLAIM-SYSTEM				
		**		DOLLICALD OF CLARK DIDILA	0	2702	4518	181
		0500	F.0.1	DESTRUCTION OF COMPANY				
		8599	581	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404005								
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	- 1
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	-
3404937	THE BEACON CENT	8000	11	NO RATE AVAILABLE ON FILE TO P				
	ER ER			RICE THIS CLAIM DETAIL				
		23	9	SERVICE REQUIRES PRIOR APPROVA	0	30	2190	216
				Г	-			
		8599	5	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
		1		BENEFIT PACKAGE.				
3404939	EAST CAROLINA B	8800	399	FURTHER PROCESSING NECESSARY,				
	EAST CAROLINA B			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	97	DUPLICATE OF CLAIM-SYSTEM			C200	F901
		 	F .		0	683	6390	5701
	+	7001	72	EXCEEDS THE ONE PER DAY LIMITA				
				TION				
3404941		0	0	*** NO DATA TO REPORT ***				
3404941	EAST CAROLINA B EHAVIORAL H	o .		NO DATA TO REPORT -**				
	ERRYIUKAL H							
		0	0		0	0	0	
	+	+	—					
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
	+	0	0		0	0	0	
						U		
				i e e e e e e e e e e e e e e e e e e e				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	3411	68	PROVIDER TYPE AND SPECIALTY 07				
	L HEALTH CE			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8564	59	SERVICE EXCEEDS THE ALLOWABLE	13	364	4303	3939
				OF ONE OCCURRENCE WITHIN AN	- 10	301	1303	3333
				ELIGIBILITY PERIOD.				
		5404	45	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404944	DA OMBOTAMBE THAT	8599	33	DETAIL NOT COVERED BY COMBINAT				
	EASTPOINTE HUMA N SERVICES			ION OF RECIPIENT, PROVIDER AND				
	N SERVICES			BENEFIT PACKAGE.				
		79	6	THIS SERVICE IS NOT PAYABLE TO				
		13		YOUR SUBMITTED BILLING	0	46	5338	5292
				PROVIDER TYPE AND SPECIALTY IN				
				PROVIDER TIPE AND SPECIALIT IN				
		10	2	DIAGNOSIS OR SERVICE INVALID F				
		10	3					
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404946	FOOTHILLS AREAM	8505	148	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		79	29	THIS SERVICE IS NOT PAYABLE TO	0	226	809	583
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8800	16	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404949	PIEDMONT BEHAVI	8536	16	ATTENDING PROVIDER TYPE AND SP				
	ORAL HEALTH			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8326	8	ATTENDING PROVIDER NUMBER WAS	0	32	34	2
				NOT SUBMITTED ON	-		-	
				THIS CLAIM OR THE NPI SUBMITTE				
		191	5	CLIENT ID NUMBER DOES NOT MATC				